

IMPROVING ACCESS TO WORKERS' COMPENSATION FOR INJURED FEDERAL WORKERS ACT OF 2022

Mr. COURTNEY. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 6087) to amend chapter 81 of title 5, United States Code, to cover, for purposes of workers' compensation under such chapter, services by physician assistants and nurse practitioners provided to injured Federal workers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6087

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Improving Access to Workers' Compensation for Injured Federal Workers Act of 2022".

SEC. 2. INCLUSION OF PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS IN FEDERAL EMPLOYEES' COMPENSATION ACT.

(a) INCLUSION.—Section 8101 of title 5, United States Code, is amended—

(1) in paragraph (3), by inserting ", other eligible providers," after "osteopathic practitioners";

(2) by striking "and" at the end of paragraphs (18) and (19);

(3) by striking the period at the end of paragraph (20) and inserting "; and"; and

(4) by adding at the end the following:

"(21) 'other eligible provider' means a nurse practitioner or physician assistant within the scope of their practice as defined by State law."

(b) CONFORMING AMENDMENTS.—Chapter 81 of title 5, United States Code, is amended—

(1) in section 8103(a)—

(A) by inserting "or other eligible provider" after "physician" in each instance; and

(B) in paragraph (3), by inserting "or other eligible providers" after "physicians";

(2) in section 8121(6), by inserting "or other eligible provider" after "physician"; and

(3) in section 8123(a)—

(A) by inserting "or other eligible provider" after "The employee may have a physician"; and

(B) by inserting "or other eligible provider" after "United States and the physician".

(c) REGULATIONS.—Not later than 6 months after the date of enactment of this Act, the Secretary shall finalize rules to carry out the amendments made by this Act.

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Connecticut (Mr. COURTNEY) and the gentleman from Michigan (Mr. WALBERG) each will control 20 minutes.

The Chair recognizes the gentleman from Connecticut.

GENERAL LEAVE

Mr. COURTNEY. Madam Speaker, I ask unanimous consent that all Mem-

bers may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 6087, the Improving Access to Workers' Compensation for Injured Federal Workers Act.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Connecticut?

There was no objection.

Mr. COURTNEY. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, today, we are considering a straightforward bipartisan bill that will alleviate some of the barriers Federal workers face seeking treatment and care after they have been injured on the job.

Right now, whether we represent urban districts or rural districts, we are all hearing about the very real shortage of physicians, whether it is in general practice or specialty practices. That is why it is important for Congress to surgically and intelligently reform outdated, antiquated policies in place that prevent qualified providers from treating patients who need their care.

This bill achieves that goal for Federal employees who need treatment for workplace injuries or illness and will allow qualified, licensed nurse practitioners and physician assistants to treat these patients safely and competently and be reimbursed under the Federal Employees' Compensation Act.

The bill explicitly states, in section 2, that such treatment must adhere to the scope of practice for nurse practitioners and physician assistants, as defined by State law. I repeat: The bill was carefully crafted so that it does not encroach on the authority of State health licensing boards to determine the scope of practice. That is one of the reasons why the Committee on Education and Labor came together on a bipartisan basis to unanimously endorse passage of this bill.

Right now, injured Federal workers who serve our Nation at agencies such as the Department of Homeland Security, the Postal Service, and our National Parks, to name a few, can only receive the care they are entitled to under the Federal workers' compensation law if it is provided by a physician, and only a physician can certify a claim regardless of whether the State the worker resides in allows nurse practitioners and PAs to practice independently.

As any healthcare patient in America knows, nurse practitioners and physician assistants are a growing portion of primary care and healthcare workforce nationwide, especially in rural areas. Patients are ably and safely treated by NPs and PAs in these settings every day and having the capability to be treated by a nurse practitioner or a physician assistant increases access to more timely treatment, particularly in parts of the country experiencing physician shortages.

The benefit of increased access was confirmed by the Congressional Budget

Office in their analysis of this bill, which found that it would have no impact on direct spending by the government.

Given the challenges some Federal workers have in accessing their Federal workers' comp benefits, allowing these providers to be reimbursed for the care they provide within the scope of their practice is an extremely commonsense improvement. CBO has even stated that this legislation would help injured Federal workers return to the job faster. In this labor market, anything we can do to improve workers' healthy recovery and job retention is worthwhile.

This bill has been endorsed by the National Rural Health Association, the American Nursing Association, the American Association of Nurse Practitioners, the American Academy of Physician Assistants, as well as a diverse coalition of unions representing Federal employees, such as the National Treasury Employees Union and the National Postal Mail Handlers Union.

Further, the Department of Labor's Office of the Workers' Compensation Programs which administers the Federal Employees' Compensation Act for Federal workers in agencies as diverse as the Pentagon, Department of Homeland Security, Interior, and Veterans Affairs, has confirmed this legislation will help alleviate barriers that create delays for FECA claimants and would expand injured workers access to medical treatment.

Madam Speaker, I have the honor to represent the largest military installation in New England, Naval Submarine Base New London, which employs over 1,000 civilian Federal workers who perform outstanding work to support 16 attack submarines that deploy from that base.

Some of that work is physically demanding, such as firefighters, police, and crane operators, and injuries do happen. This bill will create healthcare parity for those patriots by ensuring that they will have their claims handled and treated the same as any other workers who reside in Connecticut and Rhode Island. This is an overdue and important, but commonsense, way to bring this program in line with the reality of 21st century healthcare delivery.

Madam Speaker, I thank my Republican counterpart, Mr. WALBERG, for his great support and work to bring this issue forward. I also thank Chairman SCOTT and Ranking Member FOXX for their bipartisan work supporting this bill and getting it through committee.

Madam Speaker, I strongly urge a "yes" vote on this bipartisan and commonsense measure, and I reserve the balance of my time.

Mr. WALBERG. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 6087, the Improving Access to Workers' Compensation for Injured Federal Workers Act,

is a commonsense bill to improve access to care for workers under the Federal Employees' Compensation, or FECA, program.

I rise in support of this bill that I have co-led with my friend and colleague, Representative COURTNEY, and thank him, his staff, my staff, the staff of the Committee on Education and Labor for their diligent work on this legislation.

The bill simply allows nurse practitioners or physician assistants to care for Federal employees under the Federal workers' compensation program so long—and I make this clear—so long as that care is within their scope of practice under State law.

Under current Federal law, only a physician can diagnose, certify, and oversee the treatment of an injured Federal worker receiving compensation benefits. This requirement places an additional burden on Federal employees who may have to drive great distances to receive care from an approved provider.

Additionally, it limits the injured individual's choice, depriving them from receiving healthcare from the provider with whom they are most comfortable. A majority of States already allow NPs and PAs to diagnose, certify an injury, and oversee the patient's treatment and care for their State workers' compensation programs. So it is time that the Federal Government do the same under the Federal disability program. Furthermore, our bill will align the FECA program with other Federal programs.

Currently, the Federal Government allows care provided or overseen by PAs and NPs in Medicare, Medicaid, the Federal Employee Health Benefits Program, and TRICARE. Additionally, since 2017, the Social Security Administration has considered PAs and NPs, along with physicians, as acceptable sources of information for documenting the existence of an impairment for purposes of determining a disability.

Madam Speaker, across the country, nurse practitioners and physician assistants provide critical care, especially in rural communities where there may not be a physician within a reasonable distance. In Michigan, there are 5,300 practicing physician assistants and nearly 9,000 nurse practitioners. They are an important part of our primary care workforce in our State.

Our bill updates Federal law to grant Federal employees more choice in selecting their healthcare provider, improve access to care, and enable better continuity of care. Again, I sincerely thank my colleague, Representative COURTNEY, and his staff for their great work on this bipartisan, commonsense bill.

Madam Speaker, I urge all Members to support it, and I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, I again applaud Mr. WALBERG for his leadership on this legislation.

Madam Speaker, I yield 3 minutes to the gentleman from the great Commonwealth of Virginia (Mr. SCOTT), chairman of the Committee on Education and Labor.

Mr. SCOTT of Virginia. Madam Speaker, I thank the gentleman from Connecticut for yielding.

Madam Speaker, more than 2 million Federal employees provide key services to the public. In fact, during the height of the pandemic, Federal workers were critical in delivering vaccines, personal protective equipment, and other COVID relief to the American people. So it stands to reason that when a Federal worker gets sick or injured on the job, we are obligated to provide them and their families with the resources and medical care that they need.

Today, we can improve that effort by providing expanded healthcare access for injured Federal workers who are seeking healthcare covered by Federal workers' compensation. We live in a country where people are increasingly turning to nurse practitioners and physician assistants as their primary healthcare provider. This is particularly true in rural America where they are disproportionately impacted by physician shortages.

Unfortunately, Federal law now limits what can be reimbursed under Federal workers' compensation, forcing injured workers to see only a physician to certify the injury and disability as work-related and to deliver services. It is time to correct this lag in access to healthcare. After all, core Federal healthcare programs, including Medicare and the Veterans Affairs' system, already recognize services delivered by nurse practitioners and physician assistants if provided within the scope of practice allowed by State law.

This bill would allow nurse practitioners and physician assistants to receive reimbursement for healthcare services they are providing to injured Federal workers if, and only if, those services are already permissible under their State laws.

Madam Speaker, a "yes" vote on this bill is a step to expand the group of available healthcare providers consistent with existing State law so that we can ensure injured Federal workers and their families get the support and care they deserve.

I thank the gentleman from Connecticut (Mr. COURTNEY) for his leadership on the bill, along with the distinguished member of the Committee on Education and Labor, the gentleman from Michigan (Mr. WALBERG), and the committee's ranking member, Dr. Foxx, for their support of this legislation.

Madam Speaker, I urge my colleagues to support the Improving Access to Workers' Compensation for Injured Federal Workers Act.

Mr. WALBERG. Madam Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. HARRIS), my friend, the MD.

Mr. HARRIS. Madam Speaker, I thank the gentleman for yielding the time.

Madam Speaker, I rise with concern about H.R. 6087, Improving Access to Workers' Compensation for Injured Federal Workers Act. It was mentioned that it is fine if healthcare practitioners are qualified to deliver workmen's comp. Certainly, in some States, nurse practitioners and physician assistants—nurse practitioners, specifically, can practice without a physician oversight, but the question is whether that is appropriate for workmen's compensation.

Remember, workmen's compensation includes people who have been injured or claimed to have been injured on the job. These employees deserve the highest level of care, the highest level of evaluation, of diagnosis, certification, and treatment. And what this bill does is turns over the qualifications for who is going to treat those injured Federal workers to the State to make the decision. Because it says, Well, if in a State they decide that a physician assistant practicing independently is just fine, well, that Federal worker is not going to have the benefit of having a physician involved in that care.

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Madam Speaker, this is a serious policy debate. This debate should be taking place, I believe, not on a suspension calendar but actually come under a regular rule and be debated for whether or not this is the way we want to treat Federal employees, that we want to subject them to a State level of care as opposed to a level of care that we think is appropriate, again, for an injured Federal worker.

So, Madam Speaker, I include in the RECORD a letter from the American Medical Association strongly opposing H.R. 6087.

AMERICAN MEDICAL ASSOCIATION,
June 5, 2022.

Hon. NANCY PELOSI,
U.S. House of Representatives,
Washington, DC.

Hon. KEVIN MCCARTHY,
U.S. House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI AND MINORITY LEADER MCCARTHY: On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in strong opposition to H.R. 6087, the "Improving Access to Workers' Compensation for Injured Federal Workers Act." This legislation would allow nurse practitioners (NPs) and physician assistants (PAs) to diagnose, prescribe, treat, and certify an injury and extent of disability for purposes of compensating federal workers under the Federal Employees' Compensation Act (FECA).

Current law prohibits non-physician health professionals from making these determinations and reserves this function to physicians who have the education, training, and expertise to make these evaluations. The AMA remains steadfast in its commitment to patients who have said repeatedly that they want and expect physicians leading their health care team. In a recent survey of U.S. voters, 68 percent say it is very important for a physician to be involved in their

diagnosis and treatment decisions. However, H.R. 6087 effectively removes physicians from the care team and sets up our federal workers for suboptimal health outcomes and increased costs, without improving access to care. At a time when inflation is at an all-time high and our economy is still struggling to recover from the costs associated with the COVID-19 pandemic, now is especially not the time for Congress to enact this type of policy change.

EDUCATION MATTERS: PATIENTS WANT PHYSICIANS INVOLVED IN THEIR DIAGNOSIS AND TREATMENT DECISIONS

The AMA is concerned that H.R. 6087, while perhaps well-intentioned for speedier workers' compensation determinations, will actually jeopardize patient care. While the bill purports to allow NPs and PAs to diagnose, prescribe, treat, and certify an injury and extent of disability within their state scope of practice laws, the federal government dictating this scope expansion will have the effect of setting the benchmark for the states. We have seen this repeatedly with Medicare coverage determinations, for example, setting the benchmark for private plan coverage determinations. Moreover, while all health care professionals play a critical role in providing care to patients, and NPs and PAs are important members of the care team, their skillsets are not interchangeable with that of fully educated and trained physicians. This is fundamentally evident based on the difference in education and training between the distinct professions. Physicians complete four years of medical school plus a three-to-seven-year residency program, including 10,000–16,000 hours of clinical training. By contrast, NPs, complete only two to three years of education, have no residency requirement, and only 500–720 hours of clinical training. The current PA education model is two years in length with only 2,000 hours of clinical care and no residency requirement. Patients expect the most qualified person—physician experts with unmatched training, education, and experience—to be diagnosing and treating injured federal workers and making often complex clinical determinations on the nature of an injury and extent of disability. NPs and PAs do not have the education and training to make these determinations and we should not be offering a lower standard of care to our federal workers who are injured.

But it is more than just the vast difference in hours of education and training; it is also the difference in rigor and standardization between medical school/residency and NP and PA programs that matter and must be assessed. During medical school, students receive a comprehensive education in the classroom and in laboratories, where they study the biological, chemical, pharmacological, and behavioral aspects of the human condition. This period of intense study is supplemented by two years of patient care rotations through different specialties, during which medical students assist licensed physicians in the care of patients. During clinical rotations, medical students continue to develop their clinical judgment and medical decision-making skills through direct experience managing patients in all aspects of medicine. Following graduation, students must then pass a series of examinations to assess a physician's readiness for licensure. At this point, medical students "match" into a three-to-seven-year residency program during which they provide care in a select surgical or medical specialty under the supervision of experienced physician faculty. As resident physicians gain experience and demonstrate growth in their ability to care for patients, they are given greater responsibility and

independence. NP programs do not have similar time-tested standardizations. For example, between 2010–2017, the number of NP programs grew by more than 30 percent with well over half of these programs offered mostly or completely online, meaning less in-person instruction and hands-on clinical experience. In addition, many programs require students to find their own preceptor to meet their practice hours requirement, resulting in much variation among students' clinical experiences. Our injured federal workers deserve better—they deserve and have a right to have physicians leading their health care team.

INCREASING SCOPE OF PRACTICE OF NPS AND PAS CAN LEAD TO INCREASED HEALTH CARE COSTS

There is strong evidence that increasing the scope of practice of NPs and PAs has resulted in increased health care costs due to overprescribing and overutilization of diagnostic imaging and other services. For example, a 2020 study published in the *Journal of Internal Medicine* found 3.8 percent of physicians (MDs/DOs) compared to 8.0 percent of NPs met at least one definition of overprescribing opioids and 1.3 percent of physicians compared to 6.3 percent of NPs prescribed an opioid to at least 50 percent of patients. The study further found that, in states that allow independent prescribing, NPs were 20 times more likely to overprescribe opioids than those in prescription-restricted states.

Multiple studies have also shown that NPs order more diagnostic imaging than physicians, which increases health care costs and threatens patient safety by exposing patients to unnecessary radiation. For example, a study in the *Journal of the American College of Radiology*, which analyzed skeletal x-ray utilization for Medicare beneficiaries from 2003 to 2015, found ordering increased substantially—more than 400 percent—by non-physicians, primarily NPs and PAs, during this time frame. A separate study published in *JAMA Internal Medicine* found NPs ordered more diagnostic imaging than primary care physicians following an outpatient visit. The study controlled for imaging claims that occurred after a referral to a specialist. The authors opined this increased utilization may have important ramifications on costs, safety, and quality of care. They further found greater coordination in health care teams may produce better outcomes than merely expanding NP scope of practice alone.

In addition, a recent study from the Hattiesburg Clinic in Mississippi found that allowing NPs and PAs to function with independent patient panels under physician supervision in the primary care setting resulted in higher costs, higher utilization of services, and lower quality of care compared to panels of patients with a primary care physician. Specifically, the study found that non-nursing home Medicare ACO patient spend was \$43 higher per member, per month for patients on a NP/PA panel compared to those with a primary care physician. Similarly, patients with an NP/PA as their primary care provider were 1.8 percent more likely to visit the ER and had an 8 percent higher referral rate to specialists despite being younger and healthier than the cohort of patients in the primary care physician panel. On quality of care, the researchers examined 10 quality measures and found that physicians performed better on 9 of the 10 measures compared to the non-physicians.

The findings are clear: NPs and PAs tend to prescribe more opioids than physicians, order more diagnostic imaging than physicians, and overprescribe antibiotics—all which increase health care costs and threaten patient safety. The Hattiesburg Clinic

study further confirms these findings and the need for physician-led team-based care. Before expanding the scope of practice of all NPs and PAs and essentially removing physicians from the care team, we encourage Congress to carefully review these studies. We believe you will agree that the results are startling and have significant impact on the assessment of risk to the health and welfare of patients, as well as the impact on the cost of health care in the United States.

Finally, proponents of H.R. 6087 cite recognition of NPs and PAs within the FECA as necessary in order to assist with diagnosing and treating patients who contract COVID-19 in the workplace. They claim that permitting NPs and PAs to diagnose and treat individuals suffering from COVID-19 injuries is believed to help patients get back to work faster so they can continue to provide for their families. Yet, COVID-19, a virus that is already responsible for the death of over one million individuals just in the United States, is a complex disease with varying impacts based on patient co-morbidities. Furthermore, pre-existing conditions and other complicating health factors have a tremendous impact on whether vaccines and therapeutics are appropriate for patients who have contracted COVID-19. These complexities highlight the fact that physician experts are best suited to be assessing, diagnosing, and treating patients in the FECA program.

SCOPE EXPANSIONS HAVE NOT PROVEN TO INCREASE ACCESS TO CARE IN RURAL AREAS

Proponents of scope expansion have argued that legislation like H.R. 6087 is necessary to expand access to care. This promise has been made for years by NPs and PAs seeking scope expansions at the state-level, but it has not proven true. In reviewing the actual practice locations of primary care physicians compared to NPs and PAs, it is clear that physicians and non-physicians tend to practice in the same areas of the state. This is true even in those states where, for example, NPs can practice without physician involvement. The Graduate Nurse Demonstration Project (the Project), conducted by the Centers for Medicare & Medicaid Services, confirmed this as well. One goal of the Project was to determine whether increased funding for Advanced Practice Registered Nursing (APRNs) programs would increase the number of APRNs practicing in rural areas. The results found that this did not happen. In fact, only 9 percent of alumni from the program went on to work in rural areas.

Moreover, workforce studies in various states have shown a growing number of NPs are not entering primary care. For example, the Oregon Center for Nursing found only 25 percent of NPs practice primary care. Similarly, the Center for Health Workforce Studies conducted a study on the NP workforce in New York that found, "[w]hile the vast majority of NPs report a primary care specialty certification, about one-third of active NPs are considered primary care NPs, which is based on both NP specialty certification and practice setting." In addition, the study found newly graduated NPs were more likely to enter specialty or subspecialty care rather than primary care. In short, the evidence is clear that expanding scope for NPs and PAs will not necessarily lead to better access to care in rural America.

Rather than supporting an unproven path forward, Congress should consider proven solutions to increase access to care, including supporting physician-led team-based care. Evidence shows that states that require physician-led team-based care have seen a greater overall increase in the number of NPs compared to states that allow independent practice. The Congressional Budget Office estimates the cost of this legislation is zero

and includes in its assumptions that while some workers may get services more quickly, increasing costs to the federal government, that these workers might also return to work more quickly saving the federal government money for a net cost of zero. However, this analysis fails to take into account the cost to the health care system when patients do not receive the right care at the right time. Eliminating physicians from workers' compensation determinations increases this likelihood exponentially and is a gamble with the health of our federal workers that Congress should not be willing to take.

ENACTMENT UNDER SUSPENSION OF THE HOUSE RULES IS INAPPROPRIATE

The AMA is also concerned that the House of Representatives is attempting to pass H.R. 6087 under "suspension of the rules," a procedural tactic that is often used to act expeditiously on legislation that is typically non-controversial. Bills considered "under suspension" receive limited floor debate, all floor amendments are prohibited, and a two-thirds vote of all members present is required for final passage.

H.R. 6087 does not meet the definition of a "non-controversial" bill and, therefore, should not be considered under suspension of the rules. First and foremost, the strong concerns we raise in this letter should be sufficient for lawmakers to recognize that legislation that would be detrimental to the health and welfare of federal workers should not be considered under this fast-track parliamentary procedure. While it passed out of the House Education and Labor Committee in mid-March 2022, H.R. 6087 was formally introduced two months ago and has only generated 18 total cosponsors. Bills enacted under suspension of the rules typically garner hundreds of cosponsors, thus indicating a high level of bipartisan support. It is unclear whether a strong collection of bipartisan members of the House of Representatives support this legislation that inappropriately expands non-physician practitioner scope of practice. While the AMA opposes final passage of this legislation, we urge the House of Representatives to reject enactment of this bill under suspension of the rules.

CONCLUSION

For all the reasons above, we strongly encourage you to protect the health and safety of our injured federal workers and oppose passage of H.R. 6087.

Sincerely,

JAMES L. MADARA, MD.

Mr. HARRIS. Madam Speaker, they give reasons. They say, look, education matters. Patients want physicians involved in their diagnosis and treatment decisions. I think that is true.

They say that increasing the scope of practice of nurse practitioners or physician assistants can lead to increased healthcare costs, specifically mentioning the fact that there are studies now that show that when a nurse practitioner is involved or a physician assistant—

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. WALBERG. Madam Speaker, I yield an additional 30 seconds to the gentleman.

Mr. HARRIS. Madam Speaker, they mention that, for instance, opioid over-prescribing occurs four times as much when a nurse practitioner is involved. Obviously, in a workers' comp case where injury may be determined, this

could be significant. This is something we should deal with.

Finally, even the AMA recognized that they are concerned that we are attempting to pass this under suspension of the rules usually, typically, reserved for noncontroversial bills.

Madam Speaker, I thank the gentleman for yielding me time.

Mr. COURTNEY. Madam Speaker, I yield myself such time as I may consume.

Just briefly, I agree with the gentleman from Maryland that the goal here should be what is best for Federal employees, who do critical work for our country, but I think also what we want is what is best for people who are protected by Social Security Disability Insurance, by the Federal Employees Health Benefits Program, which are programs in which independent practice of nurse practitioners and physician assistants has been well established and, again, subject to scope of practice in the State where the patient resides.

Again, this is just simply conforming Federal workers' compensation law with existing practice and a whole host of other Federal programs involving really important populations that all of us have a duty to protect.

Madam Speaker, I yield 2 minutes to the gentlewoman from North Carolina (Ms. ADAMS), a member of the Education and Labor Committee who does outstanding work on the Workforce Protections Subcommittee as its chair.

Ms. ADAMS. Madam Speaker, I thank the gentleman for yielding and for his work on this bill. I rise in support of the Improving Access to Workers' Compensation for Injured Federal Workers Act of 2022, a bill that I am proud to have cosponsored.

North Carolina is home to over 45,000 Federal employees who are restricted from having a nurse practitioner or physician assistant diagnose or oversee the patient's treatment and care for their workers' compensation claim. North Carolina is one of many States that currently authorize nurse practitioners to provide this care for non-Federal employees.

H.R. 6087 will increase patient choice for the tens of thousands of Federal employees in my State by making the Federal Employees' Compensation Act consistent with State law.

As chairwoman of the Workforce Protections Subcommittee, I am disheartened to hear that my colleagues on the other side of the aisle argue that we are rushing this bill.

H.R. 6087 has gone through the normal legislative order. My subcommittee held a hearing on this bill in December 2021, and the Education and Labor Committee held a markup on the bill in March just a few months ago.

Of note, the bill passed out of committee with a bipartisan, unanimous voice vote.

This is a commonsense bill, and I urge my colleagues to vote "yes" on H.R. 6087.

Mr. WALBERG. Madam Speaker, I yield myself such time as I may consume.

I add to the comments about concerns about the care that is being provided. Repeated studies over the decades have shown that NPs and PAs provide outstanding quality of care, improve health outcomes, and increase cost-effectiveness.

Additionally, these healthcare professionals have advanced degrees from nationally accredited programs that include both classroom and clinical rotations and must demonstrate clinical competency.

Once more, if there were legitimate concerns about the quality of care, whether it is a Federal program or State program, provided by NPs and PAs to injured workers, then States would not license them to treat or diagnose these workers under State workers' compensation programs. However, the vast majority of States do recognize nurse practitioners and physician assistants as eligible providers for diagnosing and treating disability claims.

Madam Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. MURPHY), my good friend.

Mr. MURPHY of North Carolina. Madam Speaker, I thank the gentleman for allowing me to speak today.

I rise in opposition to H.R. 6087. I do this as a physician where I understand that diagnosing, treating, and certifying disability claims takes an expert's opinion—not general medicine, an expert's opinion—and physicians have exceedingly more training and experience in dealing with what are truly complex medical issues.

Let's be very clear: Disability is a complex issue. It is a lifelong problem. This particular instance requires diagnosis, treatment, and evaluations continually. There is nothing wrong with the system that we have in this country. In many instances, we find that we work together well as a team. But I think our Federal workers really, in this specific avenue, deserve better, and I urge them to understand that physicians are the best ones to do this.

Using the claim that there is a physician shortage should not be an excuse to lower what I believe are standards for expert care.

Madam Speaker, I urge my colleagues to vote "no" on this bill.

Mr. COURTNEY. Madam Speaker, I reserve the balance of my time.

Mr. WALBERG. Madam Speaker, I yield such time as she may consume to the gentlewoman from North Carolina (Ms. FOXX), the ranking member of the Education and Labor Committee and my good friend and colleague.

Ms. FOXX. Madam Speaker, I thank my colleague from Michigan for yielding.

I rise in support of this bipartisan legislation to allow nurse practitioners and physician assistants to act as eligible providers under the Federal Employees' Compensation Act program

within the scope of their practice under State law.

Under current law, nurse practitioners and physician assistants are unable to treat Federal workers covered by FECA, even though most State workers' compensation programs authorize them to provide this care for private-sector employees.

To be clear, H.R. 6087 defers to State law and does not expand the scope of practice. This legislation aligns FECA with other Federal programs that already include care provided by nurse practitioners and physician assistants, such as Medicare and the Veterans Health Administration program.

H.R. 6087 would increase healthcare access and choice for Federal employees when many areas of our country are grappling with provider shortages, especially in rural areas.

According to the National Rural Health Association, nurse practitioners and physician assistants account for a third of all primary care clinicians treating Medicare beneficiaries nationwide, and they are closer to half of the primary care clinicians in rural areas.

Improving healthcare access for FECA beneficiaries would allow injured Federal employees to return to the workforce more quickly, benefiting both employees and taxpayers.

I urge my colleagues to support this commonsense, bipartisan improvement to our Federal workers' compensation program. I thank my committee colleagues, Representatives WALBERG and COURTNEY, and Chairman SCOTT for advancing this important legislation.

Mr. COURTNEY. Madam Speaker, I yield myself such time as I may consume.

Just briefly, again, I thank the ranking member, Congresswoman FOXX, for her remarks and Mr. WALBERG, who I think very effectively and specifically addressed some of the issues that we have heard in this brief debate regarding whether or not this is opening the door to practitioners who really aren't qualified to engage in the handling of workers' compensation claims.

Right now, today, there are 27 States that actually allow nurse practitioners and physician assistants to handle workers' compensation claims under State law, including, by the way, North Carolina and Maryland. Just going down the list, it is from all different regions of the country, and, again, I think it has demonstrated that the system functions smoothly. As the Congressional Budget Office indicated, it allows for quicker care because you have more access when you have a broader, larger pool of qualified practitioners.

That is really what this bill is aimed at. It is just to make sure that Federal workers will have that same opportunity to access care, particularly when they are in underserved parts of the country.

To sort of frame it, I mentioned earlier the New London sub base where they have a really sizable firefighters

contingent there. Again, fires on submarines and Navy ships is a demanding, highly specialized area of practice. If they get injured on the job, they do not have the same rights as a firefighter who works for the city of New London who gets injured on the job, in terms of having access to a nurse practitioner or a physician assistant to handle that individual's treatment and care and their disability claim.

That is really what this bill is doing. It is just simply establishing parity for Federal workers who reside in those 28 States that recognize independent practice by physician assistants and nurse practitioners.

I have some letters of support, Madam Speaker, which I include in the RECORD: one from the National Postal Mail Handlers Union, one from the National Treasury Employees Union, one from the National Rural Health Association, one from the American Association of Nurse Practitioners, and one from the American Association of Physician Assistants.

NATIONAL POSTAL MAIL
HANDLERS UNION,
Washington, DC.

Hon. JOE COURTNEY,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN COURTNEY: On behalf of the National Postal Mail Handlers Union, which represents over 50,000 mail handlers across the country, I write in support of H.R. 6087, the Improving Access to Workers' Compensation for Injured Federal Workers Act.

Your legislation is a commonsense solution to amend the Federal Employees' Compensation Act to grant injured postal and federal workers wider access medical care from eligible providers. This will ensure they are able to claim workers' compensation and receive necessary care in a timely manner.

As it can be difficult to expeditiously schedule appointments with physicians for work-related injuries, H.R. 6087 extends eligible providers to include physician assistants and nurse practitioners. It is an unfortunate fact that postal employees are the largest group of beneficiaries under current FECA regulations. Your legislation will ensure those injured on the job will have access to medical care and can see their preferred primary care provider.

I look forward to seeing H.R. 6087 gain support within the House Education and Labor Committee, and its advancement through the House.

In solidarity,
PAUL V. HOGROGIAN,
National President,
National Postal Mail Handlers Union.

THE NATIONAL TREASURY
EMPLOYEES UNION,
June 6, 2022.

DEAR REPRESENTATIVE: This week, the House of Representatives is expected to vote on suspension on the Improving Access to Workers' Compensation for Injured Federal Workers Act of 2022 (HR 6087). The National Treasury Employees Union (NTEU) strongly supports this legislation and urges you to vote YES.

This bill would improve access to benefits under the Federal Employees' Compensation Act (FECA), which serves as the workers' compensation program for federal employees. It does so by allowing workers to have their medical care provided by a Nurse Practitioner (NP) or Physician Assistant (PA), as

well as have NPs and PAs provide certification of injury. This bipartisan bill was introduced by Rep. Joseph Courtney (CT) and Rep. Timothy Walberg (MI) and passed out of the Education & Labor Committee on a bipartisan basis.

Thank you for your consideration of our views. Please feel free to contact Kurt Vorndran of the NTEU Department of Legislation if you have any questions.

Sincerely,

ANTHONY M. REARDON,
National President.

NATIONAL RURAL
HEALTH ASSOCIATION,
Washington, DC, June 6, 2022.

Re H.R. 6087, the Improving Access to Workers' Compensation for Injured Federal Workers Act, under suspension in the House of Representatives.

Hon. NANCY PELOSI,
Speaker,
House of Representatives.
Hon. KEVIN MCCARTHY,
Minority Leader,
House of Representatives.

DEAR SPEAKER PELOSI AND MINORITY LEADER MCCARTHY: The National Rural Health Association (NRHA) writes in support of House passage for H.R. 6087, the Improving Access to Workers' Compensation for Injured Federal Workers Act, which is scheduled to be considered by the House of Representatives this week. This legislation would allow nurse practitioners (NP) and physician assistants (PA) to diagnose, treat, and provide care for federal employees who are injured at work, consistent with state scope of practice. In fact, most states already authorize NPs to provide this care for non-federal employees.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

NRHA is supportive of this legislation as NPs and PAs are common primary care providers in rural communities. According to MedPAC, in 2018 advanced practice registered nurses (APRN) and PAs accounted for a third of all primary care clinicians treating Medicare beneficiaries nationwide. In rural communities, their presence is closer to half of the primary care clinicians. Because of the significant presence of NPs and PAs, and the quality of care they provide, NRHA urges swift passage of this legislation. This commonsense bill will ensure increased access to needed services in our rural areas.

Thank you for your consideration of this important legislation. If you have questions, please contact Josh Jorgensen.

Sincerely,

ALAN MORGAN,
Chief Executive Officer,
National Rural Health Association.

AMERICAN ASSOCIATION OF
NURSE PRACTITIONERS,
March 4, 2022.

Hon. JOE COURTNEY,
Washington, DC.

Hon. TIM WALBERG,
Washington, DC.

DEAR REPRESENTATIVES COURTNEY AND WALBERG: The American Association of Nurse Practitioners (AANP), representing more than 325,000 nurse practitioners (NPs) in the United States, is pleased to support H.R. 6087, the Improving Access to Workers'

Compensation for injured Federal Workers Act. This legislation would retire outdated barriers in the Federal Employees' Compensation Act (FECA) that limit the ability of NPs to provide care and treatment for injured or ill federal employees. AANP thanks you for your continued efforts to improve the health care system for our nation's federal employees.

Currently, federal employees can select an NP as their health care provider under the Federal Employees Health Benefits Program (FEHBP), and the majority of states authorize NPs to provide the diagnosis and treatment for a workplace related injury. However, contrary to the workers' compensation process in most states, FECA requires that only a physician can make the diagnosis, certify the injury and extent of the disability, and oversee the patient's treatment and care. This barrier places an additional burden on the over two million federal employees, depriving them from receiving health care from their provider of choice, as well as hindering timely access to care and continuity of care.

As you know, H.R. 6087 would update the federal workers' compensation program and authorize NPs to certify disabilities and oversee treatment for injured or ill federal employees under FECA. This would improve access to health care for injured or ill federal employees, particularly in rural and underserved communities, and better align the federal workers' compensation program with the majority of states and FEHBP. By updating FECA to authorize federal employees to select their health care provider of choice when they are injured or become ill in the course of their federal employment, greater access, overall efficiency and better continuity of care can be achieved. We thank you for this impactful legislation and look forward to continuing to work with you to ensure H.R. 6087 becomes law.

Thank you again for your tireless efforts on behalf of federal employees. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs.

Sincerely,
JON FANNING, MS, CAE, CNED,
Chief Executive Officer,
American Association of Nurse Practitioners.

AAPA,
Alexandria, VA, March 15, 2022.

Hon. JOE COURTNEY,
Washington, DC.

Hon. TIM WALBERG,
Washington, DC.

DEAR REPRESENTATIVES COURTNEY AND WALBERG: On behalf of the more than 151,000 PAs (physician assistants) throughout the United States, the American Academy of PAs (AAPA) lends strong support to H.R. 6087, the Improving Access to Worker's Compensation for Injured Federal Workers Act. AAPA thanks you for your continued support of the federal workforce and unwavering commitment to ensuring that all Americans have access to high-quality healthcare.

As you know, U.S. federal and postal employees receive workers compensation coverage through the Federal Employee's Compensation Act (FECA) for employment-related injuries and occupational disease. However, as currently written, FECA does not cover medical care provided by PAs within the definition of "medical, surgical, and hospital services . . ." and FECA claims signed by PAs are routinely denied. This undue restriction negatively impacts federal employees, especially those in rural and underserved areas, who receive primary care from PAs.

PAs practice in all medical and surgical specialties in all 50 states, the District of Co-

lumbia, U.S. territories, and the unincorporated services. PAs provide high-quality, cost-effective medical care in every specialty and setting, undertake rigorous education and clinical training, and are well established as medical professionals. PAs are recognized as qualified healthcare providers under Medicare, Medicaid, and almost every state and federal healthcare program, including state workers' compensation programs. PAs are also included in the definition of an "acceptable medical source" by the Social Security Administration for the purposes of certifying that an individual has a medically determinable impairment. Further, thousands of PAs are employed by the federal government as healthcare providers and work within the Department of Veterans Affairs, the Department of Defense, the Public Health Service, and Indian Health Services. However, PAs are not considered healthcare providers within FECA, an oversight that does not align with state or other federal programs.

H.R. 6087 would ensure that federal employees can access high-quality healthcare from the provider of their choice, as well as further align FECA with state workers compensation programs which recognize PAs as covered providers. It is well within the education and training of PAs to provide treatment to federal employees who are injured in the course of their work for the government, and it is time to remove this outdated and unnecessary restriction.

AAPA appreciates your work and dedication to the federal workforce and our nation's healthcare system. If we can be of assistance to you on this or any issue, please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy.

Sincerely

LISA M. GABLES, CPA,
Chief Executive Officer.

Mr. COURTNEY. Madam Speaker, I reserve the balance of my time.

Mr. WALBERG. Madam Speaker, I yield myself such time as I may consume.

I appreciate that information being shared, but I would like to address some of the concerns that my good friends from the Doc Caucus have presented.

We have discussed this in committee representing districts that are rural, urban, and suburban, and the challenges that are there. Again, the issue of States' rights and the ability of States to make decisions, there is a primacy that is there that we ought to consider very strongly.

A majority of States already allow nurse practitioners and PAs to diagnose, certify an injury, and oversee patients' treatment. Furthermore, if we are talking about precedent, our bill will align the FECA program with other Federal programs currently in place. Currently, the Federal Government allows care provided or overseen by PAs and NPs in, I state it again, Medicare, Medicaid, the Federal Employees Health Benefits Program, and TRICARE.

That is significant. Those are textbook studies on how it is working already. Adding to this just seems like it is justified and very important to do.

Going back to the States' concerns, as well, if diagnosing or treating a particular workplace injury is outside of the scope of practice for a nurse practitioner or a physician assistant under

their State's law, then they would not be covered under this bill, plain and simple. The bill preserves States' rights to make those determinations.

H.R. 6087 is simply expanding choice, important at this time, especially with inflation and the cost that is going on in coming out of a pandemic and getting in endemic situations.

The Congressional Budget Office, I repeat, noted that the bill would not affect direct spending. In fact, CBO noted in its score that the bill may result in injured workers receiving treatment faster and, as my colleague Representative COURTNEY said, thereby returning them to work and productivity more quickly and reducing the actual cost for some FECA costs in the process.

Getting workers healthy and back to work is not only good for the individual but also good for our economy as we look to get through these worrisome economic times.

□ 1530

I accept the concerns of the medical doctors. I understand that they have committed themselves to significant training and significant time in the classroom and in the hospital itself, but we also know that we have come of an age where doctors very regularly use the services and need the services of nurse practitioners and physician assistants.

There are communities in my district, in rural areas, where the doctor is a physician assistant. The people appreciate them and receive good care as well.

Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. RODNEY DAVIS).

Mr. RODNEY DAVIS of Illinois. Madam Speaker, I thank my good friend, Mr. WALBERG, and appreciate his leadership on this issue and also, the bipartisanship that is being shown to the American people today to address an issue that is important—to Ranking Member FOXX, too—to our communities.

Madam Speaker, I rise in support of H.R. 6087 because of what has been said. The positive impact that this bill can have within our medical communities, and giving Americans access to the healthcare that they deserve is something that deserves all of our support.

This bill would include physician assistants and nurse practitioners in the Federal workers' compensation program and put them in line with the State scope of practice. It is also going to improve access to care for injured Federal workers and postal employers, especially in the areas that I serve—in rural and underserved areas—like central and southwestern Illinois.

Getting people back to work as soon as they can once they recover from an injury is now more important than ever given the record inflation we are seeing and the staggering 11.4 million open jobs in this country.

This is a commonsense piece of legislation. I am glad to support the work

of my friend, Congressman TIM WALBERG, on this bill to ensure that injured Federal employees return to the workforce quickly.

Madam Speaker, I encourage all of my colleagues to vote "yes" on this important bill.

Mr. COURTNEY. Madam Speaker, I include in the RECORD a letter from the Nursing Community Coalition, which represents 63 national nursing organizations all across America.

NURSING COMMUNITY COALITION,
June 7, 2022.

Hon. JOE COURTNEY,
Washington, DC.

Hon. TIM WALBERG,
Washington, DC.

DEAR REPRESENTATIVES COURTNEY AND WALBERG: On behalf of the Steering Committee of the Nursing Community Coalition (NCC), which represents 63 national nursing organizations, we are pleased to support H.R. 6087, the Improving Access to Workers' Compensation for Injured Federal Workers Act, which would retire outdated barriers in the Federal Employees' Compensation Act (FECA) that limit the ability of Nurse Practitioners (NPs) to provide care and treatment for injured or ill federal employees. The NCC is a cross section of education, practice, research, and regulation within the nursing profession representing Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs), nurse leaders, students, faculty, and researchers. We appreciate your continued efforts to improve the health care system for our nation's federal employees and strongly support passage of H.R. 6087.

Currently, federal employees can select an NP as their health care provider under the Federal Employees Health Benefits Program (FEHBP), and the majority of states authorize NPs to provide the diagnosis and treatment for a workplace related injury. However, contrary to the workers' compensation process in most states, FECA requires that only a physician can make the diagnosis, certify the injury and extent of the disability, and oversee the patient's treatment and care. This barrier places an additional burden on the over two million federal employees, depriving them from receiving health care from their provider of choice, as well as hindering timely access to care and continuity of care.

H.R. 6087 would update the federal workers' compensation program and authorize NPs to certify disabilities and oversee treatment for injured or ill federal employees under FECA. This would improve access to health care for injured or ill federal employees, particularly in rural and underserved communities, and better align the federal workers' compensation program with the majority of states and FEHBP. By updating FECA to authorize federal employees to select their health care provider of choice when they are injured or become ill in the course of their federal employment, greater access, overall efficiency and better continuity of care can be achieved.

We appreciate this important legislation and strongly support passage of H.R. 6087, the Improving Access to Workers' Compensation for Injured Federal Workers Act. Should you have any questions or if the Nursing Community Coalition can be of any additional assistance please contact the coalition's Executive Director, Rachel Stevenson.

Sincerely,

American Association of Colleges of Nursing, American Association of Nurse Anesthetists, American Association of Nurse Practitioners, American Nurses Association, Association of Women's Health, Obstetric

and Neonatal Nurses, National Association of Pediatric Nurse Practitioners, National Council of State Boards of Nursing, National League for Nursing, Oncology Nursing Society.

Mr. COURTNEY. Madam Speaker, I am prepared to close and I reserve the balance of my time.

Mr. WALBERG. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, we have all heard of the physician shortage in America. Nurse practitioners and physician assistants are a critical component in fulfilling the provider gap. There are 355,000 nurse practitioners and more than 150,000 physician assistants across the country.

These healthcare professionals have advanced degrees from nationally accredited programs and include both classroom and clinical rotations and must demonstrate clinical competency.

Allowing nurse practitioners and physician assistants to diagnose, certify, and treat injured Federal workers to the full extent of their State license is not only common sense but is smart economic policy to ensure workers get back to work more quickly and off government supported programs.

The bill will not remove physicians from providing care to an injured worker if that is who the patient chooses. The bill is simply giving injured workers more choice to get the timely care they need.

The CBO scored the bill as having insignificant impact on direct spending and noted, may result, in fact, in injured workers receiving treatment faster, thereby returning to work more quickly and reducing costs for the FECA program.

Lastly, the FECA program is virtually the last remaining Federal health program that does not recognize the role that PAs and NPs play in modern healthcare delivery. They can already provide and oversee care in Medicare, Medicaid, the Federal Employee Health Benefits program, the VA, DOD, Indian Health Service, and the Bureau of Prisons, and are recognized by the Social Security Administration.

Furthermore, the bill aligns with the majority of States which already authorize NPs and PAs to certify and oversee healthcare for patients in their State workers' compensation programs.

This is a commonsense, bipartisan bill that will make the Federal workers' compensation program more efficient and ensure workers have access to a health provider of their choice.

Madam Speaker, I thank Chairman SCOTT, Ranking Member FOXX, and Mr. COURTNEY for their support of this bill, and I urge the rest of my colleagues to support this bill. I yield back the balance of my time.

Mr. COURTNEY. Madam Speaker, I yield myself the balance of my time. Mr. WALBERG's eloquence, and comprehensive closing statement I think really said it all. I tip my hat to him,

Ranking Member FOXX, Mr. DAVIS from the minority side of the aisle, and the speakers on this side that really represent a bipartisan message that we are prepared to get our Federal Employee Workers' Compensation Act modernized so that the hard work of nurse practitioners and physician assistants and the work that they do every single day around the country is now extended to a critical part of our healthcare system and also our Federal disability benefits system.

This is really about giving patients a choice. There is nothing in this bill that mandates that they can't go to a physician or that they don't have that option. In some areas people just don't have that choice. If you are in a place where the only real access is to a physician assistant or a nurse practitioner, sometimes for even a life-threatening injury, we need to open the door to give people that opportunity. That is precisely what this bill does.

It came out of committee with a unanimous vote. I strongly urge all of my colleagues from both sides of the aisle to follow the lead of the Education and Labor Committee and pass this bill with an overwhelming majority.

Madam Speaker, I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, as a steadfast ally of the men and women serving in the federal government, I rise in support of H.R. 6087, the "Improving Access to Workers' Compensation for Injured Federal Workers Act."

This bill allows for injured federal workers to consult with nurse practitioners or physician assistants for the diagnosis and treatment of injuries covered by workers' compensation.

H.R. 6087 will make a needed correction to the Federal Employees Compensation Act, increasing the accessibility of healthcare for nearly three million federal employees.

Nurse practitioners and physician assistants represent a growing portion of American primary care providers, especially for medically underserved communities.

We must prioritize the needs of our invaluable federal workers. Lowering the bureaucratic obstacles blocking federal workers' access to benefits is a necessary measure to protect them.

When Congress has an opportunity to remedy real-world issues with bipartisan action, especially when it improves the lives of government employees, it is our responsibility to act.

H.R. 6087 is especially critical in the face of the increasing workplace risks associated with COVID-19, in which situation an expanded list of approved medical providers can help fill the coverage gap.

The pandemic has already stressed the health and wellbeing of federal workers. Amending the Federal Employees Compensation Act is imperative to lessen that burden.

According to the Office of Personnel Management, Texas has 143,087 federal workers. I will always fight for these workers by standing up for their access to healthcare.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Connecticut (Mr.

COURTNEY) that the House suspend the rules and pass the bill, H.R. 6087, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mrs. GREENE of Georgia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

PPP AND BANK FRAUD ENFORCEMENT HARMONIZATION ACT OF 2022

Ms. VELÁZQUEZ. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 7352) to amend the Small Business Act to extend the statute of limitation for fraud by borrowers under the Paycheck Protection Program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7352

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “PPP and Bank Fraud Enforcement Harmonization Act of 2022”.

SEC. 2. FRAUD ENFORCEMENT HARMONIZATION.

(a) PAYCHECK PROTECTION PROGRAM.—Section 7(a)(36) of the Small Business Act (15 U.S.C. 636(a)(36)) is amended by adding at the end the following new subparagraph:

“(W) FRAUD ENFORCEMENT HARMONIZATION.—Notwithstanding any other provision of law, any criminal charge or civil enforcement action alleging that a borrower engaged in fraud with respect to a covered loan guaranteed under this paragraph shall be filed not later than 10 years after the offense was committed.”.

(b) PAYCHECK PROTECTION PROGRAM SECOND DRAW LOANS.—Section 7(a)(37) of the Small Business Act (15 U.S.C. 636(a)(37)) is amended by adding at the end the following new subparagraph:

“(P) FRAUD ENFORCEMENT HARMONIZATION.—Notwithstanding any other provision of law, any criminal charge or civil enforcement action alleging that a borrower engaged in fraud with respect to a covered loan guaranteed under this paragraph shall be filed not later than 10 years after the offense was committed.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New York (Ms. VELÁZQUEZ) and the gentleman from Missouri (Mr. LUETKEMEYER) each will control 20 minutes.

The Chair recognizes the gentlewoman from New York.

GENERAL LEAVE

Ms. VELÁZQUEZ. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on the measure under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. VELÁZQUEZ. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I thank all the members on the Small Business Committee for their work and support of the bills before us.

The legislation we are considering is, once again, a product of our committee's bipartisanship and shows that we are committed to our Nation's entrepreneurs.

The seven bipartisan bills we are considering will promote economic growth on our Main Streets in numerous ways.

The first two reaffirm our commitment to being good stewards of taxpayer dollars, and the importance of holding pandemic fraudsters accountable for their crimes.

The second pair of bills under consideration will help small firms attract and retain qualified employees by boosting apprenticeships and career and technical education programs.

Finally, we will consider three bills to improve the Federal procurement process and promote opportunities for small businesses to secure contracts from the Federal Government.

The first bill under consideration today is H.R. 7352, the PPP and Bank Fraud Enforcement Harmonization Act of 2022, introduced by myself and our ranking member from Missouri (Mr. LUETKEMEYER).

H.R. 7352 sets the statute of limitations for all cases of PPP fraud at 10 years, consistent with the statute of limitations for bank fraud.

Under current law, bank-originated PPP fraud is being prosecuted as bank fraud, which has a 10-year statute of limitations.

At the same time, PPP loans originated by nonbank lenders, including fintech companies, are often prosecuted as wire fraud, which carries a 5-year statute of limitations.

To address this difference, the bill extends the time for prosecutors to bring charges to 10 years for all cases of PPP fraud, regardless of whether the lender was a bank or fintech company.

SBA's Office of Inspector General identified over 70,000 PPP loans totaling over \$4.6 billion in potentially fraudulent PPP loans, many of which originated with fintechs.

According to researchers at the University of Texas at Austin, fintech companies handled 75 percent of PPP loans connected to fraud by the DOJ, despite originating only 15 percent of the loans overall.

As of March 10, the DOJ's efforts have resulted in criminal charges against over a thousand defendants with alleged losses exceeding \$1.1 billion and over 240 civil investigations into more than 1,800 individuals and entities for alleged misconduct in connection with pandemic relief loans totaling more than \$6 billion.

Given the extent of potential fraud, especially among the subset of PPP loans originated by nonbank lenders,

we must ensure prosecutors have enough time to fully investigate and bring fraud charges.

As of now, the statute of limitations for nonbank PPP loans secured in April 2020 will expire in 2025 in most cases, less than 3 years away. That is not enough time given the complexity of these fraud schemes.

As the chair of the Small Business Committee, I take my role over the SBA and its program very seriously. That is why I sponsored this bill to give the DOJ, FBI, and State and local law enforcement the resources and time they need to bring these bad actors to justice.

Madam Speaker, I thank Ranking Member LUETKEMEYER for joining me in leading this effort, and to the members of the Small Business Committee for their support.

Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

□ 1545

Mr. LUETKEMEYER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 7352, the PPP and Bank Fraud Enforcement Harmonization Act of 2022.

Inflation and price increases continue to hinder all Americans and especially small businesses and their workers. Prices at the pump and prices on the shelves rattle the mettle of the Nation's job creators. Month after month, small businesses face price increases that not only prevent expansion and growth but also hamper recovery. These economic conditions must improve, and we must get a firm grip on reckless spending coming out of Washington. Similarly, we must take on a stronger oversight role when it comes to investigating fraudulent COVID-19 behavior.

When America's small businesses faced State and local COVID shutdown orders, Congress moved quickly and stood up the Paycheck Protection Program. To ensure small businesses and their workers received PPP relief in an efficient and speedy manner, Congress required private-sector lenders to be the drivers of the program. The result speaks volumes with nearly \$800 billion disbursed to small businesses.

As the Republican leader on the Committee on Small Business, I often hear about how important the program was for small businesses across our great Nation. It was the lifeline that many of them needed to be able to survive.

While most lenders' fraud defenses were strong due to Federal financial rules such as Know Your Customer, fraudulent behavior did take place. Investigations are underway, but more time will be needed and required to bring justice to those who defrauded the program.

Depending on the type of lender that participated in the program, the current statute of limitations ranges from 5 years for wire fraud that categorizes